## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) **CLAIMS AFTER** AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. IND. DEP. IND.

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TOTAL IND. TOTAL DEP.

TOTAL

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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